

UNITED STATES DISTRICT COURT

for the

District of

v.

Case No.:

BILL OF COSTS

Judgment having been entered in the above entitled action on \_\_\_\_\_ against \_\_\_\_\_ ,  
the Clerk is requested to tax the following as costs:

Fees of the Clerk .....	\$ _____
Fees for service of summons and subpoena .....	_____
Fees for printed or electronically recorded transcripts necessarily obtained for use in the case .....	_____
Fees and disbursements for printing .....	_____
Fees for witnesses (itemize on page two) .....	_____
Fees for exemplification and the costs of making copies of any materials where the copies are necessarily obtained for use in the case. ....	_____
Docket fees under 28 U.S.C. 1923 .....	_____
Costs as shown on Mandate of Court of Appeals .....	_____
Compensation of court-appointed experts .....	_____
Compensation of interpreters and costs of special interpretation services under 28 U.S.C. 1828 .....	_____
TOTAL	\$ _____

*SPECIAL NOTE:* Attach to your bill an itemization and documentation for requested costs in all categories.

Declaration

I declare under penalty of perjury that the foregoing costs are correct and were necessarily incurred in this action and that the services for which fees have been charged were actually and necessarily performed. A copy of this bill has been served on all parties in the following manner:

☐ Electronic service ☐ First class mail, postage prepaid

☐ Other: \_\_\_\_\_

s/ Attorney: \_\_\_\_\_

Name of Attorney: \_\_\_\_\_

For: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Claiming Party

Taxation of Costs

Costs are taxed in the amount of \_\_\_\_\_ and included in the judgment.

By: \_\_\_\_\_  
Clerk of Court Deputy Clerk Date



TRACKING#  
CALLER  
REFERENCE

DELIVERY INFORMATION

RECEIVED BY  
TIME  
DATE

TOTAL  
AMOUNT

Case 3:17-cv-03362-D Document 49 Filed 06/20/19 Page 3 of 18 PageID 1623

200-0294  
R HERNANDEZ  
DCHD201-44 RO

PROCESS SERVING: KOHL'S FULFILLMENT CENTER HAS BEEN SUCCESSFULLY SERVED.  
AT: 2019 N. INTERSTATE 35 E SERVICE RD DESOTO, TX 75115 BY SERVER RODNEY THOMAS BR  
RUSH SERVING = \$ 129.50 • HAND-FILE PROOF OF SERVICE = \$ 10.00

E WARD  
11:16 AM  
07/20/18

\$ 139.50

PAGE	INVOICE NUMBER	INVOICE AMOUNT	ACCOUNT BALANCE	CHECK NO.	DATE PAID	AMOUNT PAID
1	566891					

Have a question about this invoice? Send your questions to [Billing@SpecialDelivery.com](mailto:Billing@SpecialDelivery.com)  
Also, let us know if you'd like your invoices emailed. Thank you! We Appreciate Your Business.

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**Veritext, LLC  
Texas Region**

300 Throckmorton Street, Suite 1600  
Fort Worth TX 76102  
Tel. 817-336-3042 Fax. 817-654-4006  
Fed. Tax ID: 20-3132569



**Bill To:** Stacey Cho Hernandez  
Carter Arnett  
8150 North Central Expressway  
Suite 500  
Dallas, TX, 75206

**Invoice #:** TX3528177  
**Invoice Date:** 10/30/2018  
**Balance Due:** \$745.11

**Case:** Collier, Robert v. Dallas County Hospital District Et Al  
**Job #:** 3066275 | Job Date: 10/18/2018 | Delivery: Normal  
**Billing Atty:** Stacey Cho Hernandez  
**Location:** Carter Arnett  
8150 North Central Expressway | Suite 500  
Dallas, TX 75206  
**Sched Atty:** Jay D. Ellwanger | Ellwanger Law LLP

Witness	Description	Amount
Javier Reyes	Certified Transcript	\$745.11
Notes: Expedite		<b>Invoice Total:</b> \$745.11
		<b>Payment:</b> \$0.00
		<b>Credit:</b> \$0.00
		<b>Interest:</b> \$0.00
		<b>Balance Due:</b> \$745.11
TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments will be made after 90 days. For more information on charges related to our services please consult <a href="http://www.veritext.com/services/all-services/services-information">http://www.veritext.com/services/all-services/services-information</a>		

**To pay online, go to  
[www.veritext.com](http://www.veritext.com)**

Veritext accepts all major credit cards  
(American Express, Mastercard, Visa, Discover)

**Please remit payment to:**  
Veritext  
P.O. Box 71303  
Chicago IL 60694-1303

**Invoice #:** TX3528177  
**Job #:** 3066275  
**Invoice Date:** 10/30/2018  
**Balance:** \$745.11

**Veritext, LLC  
Texas Region**

300 Throckmorton Street, Suite 1600  
Fort Worth TX 76102  
Tel. 817-336-3042 Fax. 817-654-4006  
Fed. Tax ID: 20-3132569



**Bill To:** Courtney Perez Perez  
Carler Arnett  
8150 North Central Expressway  
Suite 500  
Dallas, TX, 75206

**Invoice #:** TX3510363  
**Invoice Date:** 10/15/2018  
**Balance Due:** \$864.50

<b>Case:</b>	Coller, Robert v. Dallas County Hospital District Et Al
<b>Job #:</b>	3002599   Job Date: 9/26/2018   Delivery: Normal
<b>Billing Atty:</b>	Courtney Perez Perez
<b>Location:</b>	Carler Arnett 8150 N. Central Expressway   Suite 500 Dallas, TX 75206
<b>Sched Atty:</b>	Jay D. Ellwanger   Ellwanger Law LLP

Witness	Description	Amount
Latoya Yvette Goffney	Certified Transcript	\$232.00
Richard L. Stetzel	Certified Transcript	\$632.50
<b>Notes:</b>		<b>Invoice Total:</b> \$864.50
		<b>Payment:</b> \$0.00
		<b>Credit:</b> \$0.00
		<b>Interest:</b> \$0.00
		<b>Balance Due:</b> \$864.50
<b>TERMS:</b> Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments will be made after 90 days. For more information on charges related to our services please consult <a href="http://www.veritext.com/services/all-services/services-information">http://www.veritext.com/services/all-services/services-information</a>		

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Veritext accepts all major credit cards  
(American Express, Mastercard, Visa, Discover)

**Please remit payment to:**  
Veritext  
P.O. Box 71303  
Chicago IL 60694-1303

**Invoice #:** TX3510363  
**Job #:** 3002599  
**Invoice Date:** 10/15/2018  
**Balance:** \$864.50



**Veritext, LLC  
Texas Region**300 Throckmorton Street, Suite 1600  
Fort Worth TX 76102  
Tel. (817)336-3042**Bill To:** Carter Arnett  
8150 North Central Expressway  
Suite 500  
Dallas TX 75206**Remit To:** Veritext  
P.O. Box 71303  
Chicago IL 60694-1303**Statement of Account**For questions regarding this statement please contact Kathleen Missbrenner at 973-410-4056 or [kmissbrenner@veritext.com](mailto:kmissbrenner@veritext.com)

Statement Date: 1/4/2019							Total Balance Due:		\$890.82
Invoice #	Invoice Date	Job #	Job Date	Caption	Contact	Type	Aged	Balance Due	
TX3510363	10/15/2018	3002599	9/26/2018	Collier, Robert v Dallas County Hospital District et al	Courtney Perez Perez	C	81	\$890.82	
Total:								\$890.82	

Current	31-60 Days	61-90 Days	> 90 Days	Total
\$0.00	\$0.00	\$890.82	\$0.00	\$890.82

Please Remit Payment To:

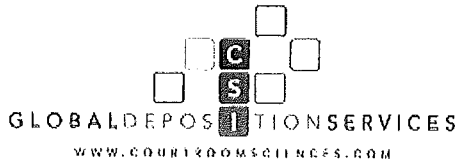
Veritext  
P.O. Box 71303  
Chicago IL 60694-1303

Page 1 of 1

Fed. Tax ID: 20-3132569

Visa, Mastercard &amp; American Express Accepted

TERMS: Payable upon receipt. Accounts 30 days past due will bear a finance charge of 1.5% per month. Accounts unpaid after 90 days agree to pay all collection costs, including reasonable attorney's fees. Contact us to correct payment errors. No adjustments or refunds will be made after 90 days.



Stacey Cho Hernandez  
Carter Arnett PLLC  
8150 North Central Expressway, Suite 500  
Dallas, TX 75206

# INVOICE

<b>Invoice No.</b>	<b>Invoice Date</b>	<b>Job No.</b>
66959	10/5/2018	127747
<b>Job Date</b>	<b>Case No.</b>	
9/6/2018	3:17-CV-3362	
<b>Case Name</b>		
Robert Collier v. Dallas County Hospital District		
<b>Payment Terms</b>		
Due upon receipt		

Original & Certified Copy of Deposition Incl. word Index

Robert Collier	469.00	Pages	@	4.25	1,993.25
Full Day Per Diem				100.00	100.00
Appearance After 5:30 pm	2.50	Hours	@	50.00	125.00
Exhibits- B&W OCR Scan	335.00	Pages	@	0.40	134.00
Exhibits- Color OCR Scan	4.00	Pages	@	0.70	2.80
CSI Standard Transcript Package				50.00	50.00
Shipping & Handling				27.50	27.50
<b>TOTAL DUE &gt;&gt;&gt;</b>					<b>\$2,432.55</b>
AFTER 11/4/2018 PAY					\$2,578.50

To pay your Invoice securely online please access  
<https://secure.lawpay.com/pages/courtroomsciences/gds-operating>  
Serviced by LawPay  
Thank you for your prompt payment!

Tax ID: 75-2314328

Phone: (214) 550-8188 Fax: (214) 550-8185

*Please detach bottom portion and return with payment.*

Stacey Cho Hernandez  
Carter Arnett PLLC  
8150 North Central Expressway, Suite 500  
Dallas, TX 75206

Invoice No. : 66959  
Invoice Date : 10/5/2018  
**Total Due : \$2,432.55**  
AFTER 11/4/2018 PAY \$2,578.50

Remit To: **Professional Technologies, Inc.**  
**DBA CSI Global Deposition Services**  
**214-687-5964**  
**bthompson@courtroomsciences.com**  
**4950 N. O'Connor Rd., Suite 152**  
**Irvine, TX 75062-2778**

Job No. : 127747  
BU ID : PTI  
Case No. : 3:17-CV-3362  
Case Name : Robert Collier v. Dallas County Hospital District





Stacey Cho Hernandez  
Carter Arnett PLLC  
8150 North Central Expressway, Suite 500  
Dallas, TX 75206

# INVOICE

Invoice No.	Invoice Date	Job No.
67032	10/10/2018	127748
Job Date	Case No.	
9/6/2018	3:17-CV-3362	
Case Name		
Robert Collier v. Dallas County Hospital District		
Payment Terms		
Due upon receipt		

Videographer Hours On-Site/Video Production-Digital Conversion & Synchronization

Robert Collier

Set Up and 1st Hour			250.00	250.00
Additional Video Hours	5.00	Hours @	125.00	625.00
Additional Video Hours-After Hours	2.50	@	165.00	412.50
Digitalize & Synchronize per Witness			200.00	200.00
Video Archival			20.00	20.00
Shipping & Handling			27.50	27.50

**TOTAL DUE >>> \$1,535.00**

AFTER 11/9/2018 PAY \$1,627.10

To pay your Invoice securely online please access  
<https://secure.lawpay.com/pages/courtroomsciences/gds-operating>  
Serviced by LawPay  
Thank you for your prompt payment!

Tax ID: 75-2314328

Phone: (214) 550-8188 Fax: (214) 550-8185

Please detach bottom portion and return with payment.

Stacey Cho Hernandez  
Carter Arnett PLLC  
8150 North Central Expressway, Suite 500  
Dallas, TX 75206

Invoice No. : 67032  
Invoice Date : 10/10/2018  
**Total Due : \$1,535.00**  
AFTER 11/9/2018 PAY \$1,627.10

Remit To: **Professional Technologies, Inc.**  
**DBA CSI Global Deposition Services**  
**214-687-5964**  
**bthompson@courtroomsciences.com**  
**4950 N. O'Connor Rd., Suite 152**  
**Irvine, TX 75062-2778**

Job No. : 127748  
BU ID : VIDEO-P  
Case No. : 3:17-CV-3362  
Case Name : Robert Collier v. Dallas County Hospital District



## Texas Workforce Commission

Austin, Texas

## Open Records - Estimate

<b>Client Mailing Address:</b> Stacey Cho Hernandez Carter Scholer 8150 N. Central Expressway, Suite 500  Dallas TX 75206	<b>Invoice Address (If other than client address):</b>  					
<b>Request Order #: 180221-012</b> <b>Subject Reference: Robert Collier</b> <b>Request Rec'd Date: 2/21/2018</b>						
<b>Date Information Released:</b> <b>Invoice Date:</b> <b>Estimated Total Charges: \$40.00</b>						
<b>Comment</b> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<b>Deposit:</b> <b>Amount Paid: \$0.00</b> <b>Date Paid:</b> <b>Balance Due: \$40.00</b>					
See attached Estimated Charge Notice See page 2 for Itemized Charges						
<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Make Payable To:</b> Texas Workforce Commission            Revenue and Trust Management            P.O. Box 877            Austin, Texas 78767  <b>Questions To:</b> Elsa Guerrero         </td> <td style="width: 50%;">           TDD 1-800-735-2989            TWC's FEIN: 74-2764775            RTI Code: 171415            Phone #: 512-463-2420            Fax #: 512-463-2990         </td> </tr> </table>		<b>Make Payable To:</b> Texas Workforce Commission Revenue and Trust Management P.O. Box 877 Austin, Texas 78767 <b>Questions To:</b> Elsa Guerrero	TDD 1-800-735-2989 TWC's FEIN: 74-2764775 RTI Code: 171415 Phone #: 512-463-2420 Fax #: 512-463-2990			
<b>Make Payable To:</b> Texas Workforce Commission Revenue and Trust Management P.O. Box 877 Austin, Texas 78767 <b>Questions To:</b> Elsa Guerrero	TDD 1-800-735-2989 TWC's FEIN: 74-2764775 RTI Code: 171415 Phone #: 512-463-2420 Fax #: 512-463-2990					
<div style="display: flex; align-items: center;"> <b>Cut here and return bottom portion with payment</b> </div>						
<b>If you decide to pay the deposit and/or pre-pay the estimated cost, please include this portion with payment.</b>						
<b>Please include Request Job # 180221-012 on your check by 3/9/2018</b>						
<table style="width: 100%;"> <tr> <td style="width: 25%;">Previously Paid:</td> <td style="width: 25%;">\$0.00</td> <td style="width: 25%;">Balance Due:</td> <td style="width: 25%;">\$40.00</td> <td style="width: 20%;">Amount Paid: _____</td> </tr> </table>		Previously Paid:	\$0.00	Balance Due:	\$40.00	Amount Paid: _____
Previously Paid:	\$0.00	Balance Due:	\$40.00	Amount Paid: _____		
<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Payment From:</b>            Requester Name: Stacey Cho Hernandez            Street Address 1: 8150 N. Central Expressway, Suite 500            Street Address 2:            Street Address 3:            City: Dallas State: TX Zip: 75206         </td> <td style="width: 50%;"> <b>Send Payment To:</b>            Texas Workforce Commission            Revenue and Trust Management            P.O. Box 877            Austin, Texas 78767         </td> </tr> </table>		<b>Payment From:</b> Requester Name: Stacey Cho Hernandez Street Address 1: 8150 N. Central Expressway, Suite 500 Street Address 2: Street Address 3: City: Dallas State: TX Zip: 75206	<b>Send Payment To:</b> Texas Workforce Commission Revenue and Trust Management P.O. Box 877 Austin, Texas 78767			
<b>Payment From:</b> Requester Name: Stacey Cho Hernandez Street Address 1: 8150 N. Central Expressway, Suite 500 Street Address 2: Street Address 3: City: Dallas State: TX Zip: 75206	<b>Send Payment To:</b> Texas Workforce Commission Revenue and Trust Management P.O. Box 877 Austin, Texas 78767					
Assigned To: Elsa Guerrero						

**Itemized Search Items**

UI All Records on a claim

UI All Records on a claim

Pages: 0	@\$0.00 /page	\$0.00
Units: 0	@\$0.00 /Unit	\$0.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$0.00

---

UI Claim Information within last 10 yrs (CTHI)

Units are SSNs Within last 10

Pages: 0	@\$0.00 /page	\$0.00
Units: 1	@\$10.00 first unit + @\$2.00 /add'l Units	\$10.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$10.00

---

Online Claimant Response

Pages: 0	@\$0.10 /page	\$0.00
Units: 1	@\$5.00 /Unit	\$5.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$5.00

---

Appeals-FileNet

Electronic

Pages: 0	@\$0.10 /page	\$0.00
Units: 1	@\$10.00 /Unit	\$10.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$10.00

---

Audio Recordings (tapes and/or CDs)

Unit is Tape/CD

Pages: 0	@\$0.00 /page	\$0.00
Units: 0	@\$1.00 /Unit	\$0.00
Labor Hours: 0	@\$18.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$0.00

---

## Itemized Search Items

UI-Teleserve (printout - overnight run)

UI-Teleserve (printout - overnig

Pages: 0	@\$0.10 /page	\$0.00
Units: 1	@\$10.00 /Unit	\$10.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$10.00

---

UI-Determinations (printout - overnight run)

Pages: 0	@\$0.00 /page	\$0.00
Units: 1	@\$5.00 /Unit	\$5.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$5.00

---

Cost Estimate to Requester

Ordered means Sent Cost esti

Pages: 0	@\$0.00 /page	\$0.00
Units: 0	@\$0.00 /Unit	\$0.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$0.00

---

In response to your Open Records request assigned the above request job number, we estimate the cost to be over \$40.00. The cost of locating, copying and compiling the information responsive to your request is itemized above.

Please respond to this estimated charge notice in writing. You may reply by mail, facsimile, by hand delivery or by electronic mail. You are considered to have properly responded to the notice as of the date that: (1) your response is delivered to Texas Workforce Commission, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001; (2) your response, properly addressed to Texas Workforce Commission, 101 E. 15th St., Rm. 266, Austin, TX 78778-0001 is deposited in the United States mail; or (3) you respond to Open Records via fax to 512-463-2990 or by electronic mail to [open.records@twc.state.tx.us](mailto:open.records@twc.state.tx.us).


If you fail to respond within ten business days from the date this letter is deposited into the United States mail the Texas Workforce Commission (TWC) will consider your request withdrawn and TWC will not process your request. Your written reply must state whether you: (1) accept the charges, (2) are clarifying or modifying the scope of the request or (3) have sent to the Office of the Attorney General a complaint alleging that you have been overcharged.

If you accept the charges, TWC will not begin processing your request until payment is received at Texas Workforce Commission, 101 E. 15th St., Rm. 0218, Austin, TX 78778-0001.



## Texas Workforce Commission

Austin, Texas  
Open Records - Invoice

<b>Client Mailing Address:</b> Stacey Cho Hernandez Carter Scholer 8150 N. Central Expressway, Suite 500  Dallas TX 75206		<b>Invoice Address (if other than client address):</b>  
<b>Request Order #:</b> 180221-012 <b>Subject Reference:</b> Robert Collier <b>Request Rec'd Date:</b> 2/21/2018		<b>Date Information Released:</b> <b>Invoice Date:</b> 4/10/2018  <b>Total Charges:</b> \$76.50 <b>Amount Paid:</b> \$40.00 <b>Date Paid:</b> <b>Balance Due:</b> \$36.50
<b>Comment</b>  		
<b>Make Payable To:</b> Texas Workforce Commission Revenue And Trust Management P.O. Box 877 Austin, Texas 78767 <b>Questions To:</b> Elsa Guerrero		TDD 1-800-735-2989 TWC's FEIN: 74-2764775 RTI Code: 171415 Phone #: 512-463-2420 Fax #: 512-463-2990
 <b>Cut here and return bottom portion with payment</b>		
<b>Please return this portion with payment</b> <b>Please include Request Job</b> 180221-012 <b>on your check by:</b> 4/25/2018  <b>Previously Paid:</b> \$40.00 <b>Balance Due:</b> \$36.50 <b>Amount Paid:</b> _____  <b>Payment From:</b> Requester Name: Stacey Cho Hernandez Street Address 1: 8150 N. Central Expressway, Suite 500 Street Address 2: Street Address 3: City: Dallas                      State: TX    Zip: 75206		
<b>Send Payment To:</b> Texas Workforce Commission Revenue And Trust Management P.O. Box 877 Austin, Texas 78767  Assigned To: Elsa Guerrero		

## Itemized Search Items

UI All Records on a claim

UI All Records on a claim

Pages: 0	@\$0.00 /page	\$0.00
Units: 0	@\$0.00 /Unit	\$0.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$0.00

---

UI Claim Information within last 10 yrs (CTHI)

Units are SSNs Within last 10

Pages: 3	@\$0.00 /page	\$0.00
Units: 1	@\$10.00 first unit + @\$2.00 /add'l Units	\$10.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$10.00

---

Online Claimant Response

Pages: 9	@\$0.10 /page	\$0.90
Units: 1	@\$5.00 /Unit	\$5.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$5.90

---

Appeals-FileNet

Electronic

Pages: 107	@\$0.10 /page	\$10.70
Units: 1	@\$10.00 /Unit	\$10.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$20.70

---

Audio Recordings (tapes and/or CDs)

Unit is Tape/CD

Pages: 0	@\$0.00 /page	\$0.00
Units: 1	@\$1.00 /Unit	\$1.00
Labor Hours: 0	@\$18.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$1.00

---



## Itemized Search Items

UI-Teleserve (printout - overnight run)

UI-Teleserve (printout - overnig

Pages: 23	@\$0.10 /page	\$2.30
Units: 1	@\$10.00 /Unit	\$10.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$12.30

UI-Determinations (printout - overnight run)

Pages: 0	@\$0.00 /page	\$0.00
Units: 2	@\$5.00 /Unit	\$10.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$10.00

Cost Estimate to Requester

Ordered means Sent Cost esti

Pages: 0	@\$0.00 /page	\$0.00
Units: 0	@\$0.00 /Unit	\$0.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$0.00

Publication - UI Program Booklets

Publication - UI Program Bookl

Pages: 0	@\$0.00 /page	\$0.00
Units: 1	@\$1.60 /Unit	\$1.60
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$1.60

Certification Charges

Certification Charges

Pages: 0	@\$0.00 /page	\$0.00
Units: 1	@\$15.00 first unit + @\$5.00 /add'l Units	\$15.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$15.00

Please mail your payment of the Balance Due Amount to the address listed above. Please reference the TWC Request # listed above on your payment. Failure to properly identify payment will result in delays.

Records will be mailed to the Client Mailing address listed above upon receipt of payment unless you schedule an appointment to pick-up records with the individual listed above. Records will not be released until full payment is received.



## Texas Workforce Commission

Austin, Texas  
Open Records - Invoice

<b>Client Mailing Address:</b> Stacey Cho Hernandez Carter Scholer 8150 N. Central Expressway, Suite 500  Dallas TX 75206	<b>Invoice Address (if other than client address):</b>   		
Request Order #: 180221-013      450-2016-01255 Subject Reference: Robert Collier      Date Information Released: Request Rec'd Date: 2/21/2018      Invoice Date: 3/8/2018			
Total Charges: \$19.90 Amount Paid: \$0.00 Date Paid: Balance Due: \$19.90			
<b>Comment</b>          			
<table style="width: 100%;"> <tr> <td style="width: 50%;"> <b>Make Payable To:</b> Texas Workforce Commission            Revenue And Trust Management            P.O. Box 877            Austin, Texas 78767  <b>Questions To:</b> Elsa Guerrero         </td> <td style="width: 50%;">           TDD 1-800-735-2989            TWC's FEIN: 74-2764775            RTI Code: 171415            Phone #: 512-463-2420            Fax #: 512-463-2990         </td> </tr> </table>		<b>Make Payable To:</b> Texas Workforce Commission Revenue And Trust Management P.O. Box 877 Austin, Texas 78767 <b>Questions To:</b> Elsa Guerrero	TDD 1-800-735-2989 TWC's FEIN: 74-2764775 RTI Code: 171415 Phone #: 512-463-2420 Fax #: 512-463-2990
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<b>Cut here and return bottom portion with payment</b>			
<b>Please return this portion with payment</b>			
<b>Please include Request Job</b> <u>180221-013</u> <b>on your check by:</b> <u>3/23/2018</u>			
Previously Paid: \$0.00 <b>Balance Due:</b> \$19.90 <b>Amount Paid:</b> _____			
<b>Payment From:</b> Requester Name: Stacey Cho Hernandez Street Address 1: 8150 N. Central Expressway, Suite 500 Street Address 2: Street Address 3: City: Dallas      State: TX      Zip: 75206	<b>Send Payment To:</b> Texas Workforce Commission Revenue And Trust Management P.O. Box 877 Austin, Texas 78767  Assigned To: Elsa Guerrero		

## Itemized Search Items

Civil Right Division (stored remotely)

staff labor time at \$18 plus 10

Pages: 4	@\$0.10 /page	\$0.40
Units: 0	@\$0.00 /Unit	\$0.00
Labor Hours: .25	@\$18.00/hr	\$4.50
Manually Entered Charges:		\$0.00
Total for Search Item:		\$4.90

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Certification Charges

Certification Charges

Pages: 0	@\$0.00 /page	\$0.00
Units: 1	@\$15.00 first unit + @\$5.00 /add'l Units	\$15.00
Labor Hours: 0	@\$0.00/hr	\$0.00
Manually Entered Charges:		\$0.00
Total for Search Item:		\$15.00

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Please mail your payment of the Balance Due Amount to the address listed above. Please reference the TWC Request # listed above on your payment. Failure to properly identify payment will result in delays.

Records will be mailed to the Client Mailing address listed above upon receipt of payment unless you schedule an appointment to pick-up records with the individual listed above. Records will not be released until full payment is received.